Military Health System

Health Care Reengineering

Clinical/Dental Fact Sheet Feb. 1998

Primary Care Reorganization

Recognized at 1997's Summer TRICARE Conference!

The Initiative: The staff at Blanchfield Army Community Hospital, Fort Campbell, Ky., organized and redistributed all primary care resources to give active duty family members access to complete family care in one of three identical full-service Primary Care Clinics. The new clinics provide family medicine, pediatrics, OB/GYN, and other outpatient services. Each clinic assigns patients to a family physician or pediatrician. A team of physician extenders—general medical officers, physician assistants, and nurse practitioners—supports each provider. Additionally, the staff arranged for the 101st Airborne Division providers (six general medical officers and 19 physician assistants) to work one afternoon a week in one of the primary care clinics.

The Results: One hundred percent of all active duty family members are enrolled in the program. Available appointments increased by 2,000 a month. Patients and providers have developed one-on-one relationships instead of just being a face in the crowd. Customer satisfaction has improved, and workload is now divided proportionately among all of the providers.

Cardiac Rehabilitation Program

The Initiative: The 10th Medical Group, USAF Academy, Colo., implemented a Cardiac Rehabilitation Program in cooperation with the area civilian hospitals. Patients who experience a cardiac incident are admitted to a local civilian hospital to complete Phase I of the program. They are then referred to the 10th Medical Group to complete Phase II. Phase III is completed by the patient at home.

The Results: Within one year, the program saved over $31,000.

Recapturing Surgical Services

The Initiative: The 341st Medical Group staff at Malmstrom AFB, Mont., reengineered three processes. (1) They hired a nurse anesthetist rather than continue a civilian anesthesiologist contract. (2) They added an active duty general surgeon so they could offer surgical services—such as knee arthroscopy, hernia repairs, and endoscopy—in-house. (3) They initiated a 23-hour stay program for modified radical mastectomy, Nissen fundoplication, and selected orthopedic procedures.

The Results: The staff additions increased patient access to surgical services and realized a $70,000 cost savings in the first year. The 23-hour stay innovation increased the monthly caseload and saved $348,700 annually. People are also back to work sooner—often within 24 hours—because they do not have to use the aerovac system.

Surgical Scheduling And Monitoring

The Initiative: The surgical staff at Naval Hospital Twentynine Palms, Calif., designed and incorporated a Windows-based surgical program. It requires each surgeon to review and meet pre-established InterQual-based criteria prior to scheduling cases. If the criteria are not met, an automatic case review is performed. Any case lasting longer than expected also generates a case review, as does any hospital stay of at least one day longer than expected.

The Results: The program allows for more efficient surgery scheduling, enhances patient privacy, provides profiling information for staff education, and facilitates utilization management and performance improvement.

Defense Dental Functional Process Improvement

The Initiative: As part of the overall effort to continue quality health care for all DoD customers, Health Affairs: recommended the Defense Dental Standard System to serve as a migration system and avoid costs associated with multiple systems; consolidated health care records and forensic imaging to provide better access to determine the effectiveness of dental programs; recognized patient time loss as a dental care cost; and performed prospective requirements-based planning using projections of actual dental needs rather than historical demand.

The Results: Implementation of the recommended actions promises $393 million in savings for an investment of $95 million.

What Is MHS Reengineering?

The Military Health System (MHS) defines reengineering as, "A spectrum of activities from incremental or continuous improvement to radical transformation that critically rethinks and redesigns products and service processes to achieve mission performance gains."

Why Reengineer?

- Improve quality of care
- Streamline patient care delivery processes
- Increase satisfaction of patients and staff
- Decrease health care delivery costs
- Provide consistency of benefits
- Improve the completeness and accuracy of information

Submission of Initiatives

Submissions from the field are critical to the success of the MHS, and everyone is encouraged to participate. Initiatives can be submitted via the World Wide Web, fax, e-mail, and regular mail.

Health Care Reengineering Office Resources

- Best practice information
- Reengineering learning tools
- Displays for conferences & seminars
- World Wide Web site
- Monthly newsletter
- Briefings on reengineering practices & activities

Contact the HCR Staff

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